

PAYEE'S ADDRESS (ALSO FILL IN IF PAYEE IS A FIRM)

109668849

NAME OF PAYEE (PRINT OR TYPE)

ADDRESS (PRINT OR TYPE)

CITY (PRINT OR TYPE)

STATE (PRINT OR TYPE)

ZIP CODE (PRINT OR TYPE)

DATE OF BIRTH (MM/DD/YYYY)

DATE OF DEATH (MM/DD/YYYY)

DATE OF SEPARATION (MM/DD/YYYY)

DATE OF BIRTH (MM/DD/YYYY)

DATE OF DEATH (MM/DD/YYYY)

DATE OF SEPARATION (MM/DD/YYYY)

12-20-04

CLAIMS AS AMENDED

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))	14	Minus	20
	Independent (37 CFR 1.16(b))	3	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))		Minus	
	Independent (37 CFR 1.16(b))		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))		Minus	
	Independent (37 CFR 1.16(b))		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	

- * If the entry in column 1 is less than the entry in column 7, write "0" in column 7.
 - * If the "Highest Number Previously Paid For" is "0" in THIS SPACE.
 - * If the "Highest Number Previously Paid For" is "0" in THIS SPACE.
 - * If the "Highest Number Previously Paid For" is "0" in THIS SPACE.
- Any comments on the amount of the fee should be placed in the space below.
- Office: Washington, DC 20541-1001